City of Cincinnati Board of Health Finance Committee

Tuesday, July 20, 2019

Room 324

Ms. Schroder, Chair of the Board Finance Committee, called the July 20, 2019 Finance Committee meeting to order at 3:33.

Roll Call

Board of Health members present: Kate Schroder, Amar Bhati

City of Cincinnati Primary Care (CCPC) Board members present: Robert Brown, Luwanna Pettus-Oglesby

Ex-Officio Members present: Melba Moore, Health Commissioner, Phil Lichtenstein, Chairperson, Board of Health, Domonic Hopson, Assistant Health Commissioner

Senior Staff member present: Ronald Robinson

Topic	Discussion	Action/Motion
Approval of Minutes	The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting. Ms. Pettus-Oglesby asked that "health center" in the Sub recipient Agreement section be capitalized. Motion: That the Board of Health Finance Committee approve the amended minutes of the June 18, 2019 Board of Health Finance Committee Meeting.	Motion: Schroder Second: Bhati Action: Passed
Review of Contract for July 23, 2019 BOH Meeting	The Chair began the review of the contracts that will go to the BOH for approval. **The Children's Home of Cincinnati** - This is the third amendment to an accounts receivable contract to continue to provide one Public Health Nurse 2 (PHN2) at the Children's Home of Cincinnati, four days a week for six hours a day during the school year. The Children's Home will pay salary and benefits for this position for 24 hours per week. The amended contract term is from August 1, 2019 - July 31, 2020. The additional dollar amount added to the agreement is $ 47,409.12.	

	Ms. Lauren Thamann-Raines attended the meeting, walked through the agreement, and answered questions from the Committee. The Chair asked if this was an existing contract, it is. Motion: That the Board of Health Finance Committee recommend this amendment to the Board of Health. **Cincinnati Public Schools** - This is a renewable accounts receivable contract for CHD to provide 17.5 Public Health Nurses 2 (PHN2) for school health services during the 2019 – 2020 school year. CPS will pay salary and benefits for the positions as well as the salary and benefits for one team leader and two PHN2s for clinical oversite of the CPS employed, school-health assistants. The contract term is from August 1, 2019 - July 31, 2020. The dollar amount is $ 1,849,290.17. Ms. Lauren Thamann-Raines attended the meeting, walked through the agreement, and answered questions from the Committee. The Chair asked if the contract covered the full costs and how the contract amount differs from last time. It does cover the full costs; in addition, CPS agreed to fund two full-time PHN2s as school health clinicians. These positions are currently funded from the general fund. Dr. Bhati asked how many total school nurses and assistants CHD has? 17.5 are funded by CPS and 17 are funded through the general fund, Medicaid administrative clinics, or reimbursement from health centers. Do the nurses rotate through all the schools? No, they are assigned to a specific school with the majority of schools being served. Are there nurses working unsupervised? As they are employed by CPS, they are supervised by the principal; CHD provides clinical oversight. The Chair asked if CPS was planning on covering the additional PHN2s. While the contract has been approved, it has not yet been returned by CPS, but no concerns have been expressed and signature is expected. Dr. Bhati asked if the nurses provide primary care. It was clarified that they primarily provide functions such as administering medications, make sure immunizations are in compliance, and vision/hearing screening. The Chair asked if they also coordinate dental care. Yes. Motion: That the Board of Health Finance Committee recommend this contract to the Board of Health. **Ohio Department of Jobs and Family Services – Refugee Program** - this is an accounts receivable contract to extend the current contract three months to continue providing health screening for all eligible participants,	Motion: Schroder Second: Pettus-Oglesby Action: Passed Motion: Schroder Second: Pettus-Oglesby Action: Passed

	including newly arrived refugees, asylees, special immigrant visa holders from Iraq and Afghanistan, and certified victims of human trafficking as defined in the 'Core Screen Procedures for Refugees' in Hamilton County, Ohio. The contract term is from June 30, 2019 to September 30, 2019. The dollar amount is $50,585.00. Ms. Phyllis Richardson attended the meeting, walked through the agreement, and answered questions from the Committee. A new RFP has been issued for a new three-year period which will be awarded in August; CHD has applied. There are two parts for the contract: social services, managed by Catholic Charities and medical, managed by CHD. We receive about $800 per assessment. Motion: That the Board of Health Finance Committee recommend this contract to the Board of Health. **Christian Community Health Services, Inc. dba Crossroad Health Center** - This is an accounts payable contract to Crossroad Health Center (CHC) as a sub-recipient of CHD under the HRSA grant. CHC supports the provision of comprehensive primary health care by providing services for the uninsured and underinsured populations in Harrison, Ohio. The contract adds provisions specifying that CHC use approved property management policies and procedures and sets forth deliverables and monitoring of the sub-recipient contract. The contract term is from October 1, 2019 - December 31, 2020. The dollar amount is $ 450,000 (annually). Mr. Domonic Hopson walked through the contract and answered questions from the Committee. CHD has had a service agreement with CHC since 2014. A previous center – Neighborhood – had shut down and CHD stepped in to ensure those patients still had access to care. HRSA conditioned approval of CHD being awarded the Harrison, Ohio zip codes with CHD needing to execute a service area agreement with CHC. Recently, HRSA said that CHD needed to update the agreement with CHC. The agreement reflects items that HRSA says must be included. As the CHD's agreement with HRSA expires at the end of 2020, the contract is structured the same way, giving time to begin discussions early next year about an extension. CHC may be in a position to apply on their own and no longer need CHD to serve as a pass-through. Submitted draft to HRSA for their approval. Working to have it done in a timely manner. Currently, CHD provides oversight of CHC. Dr. Lichtenstein asked if funding went to all Crossroad sites or just the one in Harrison, Ohio. Just to Harrison. The Chair asked if there were any other funds going to Harrison? No.	Motion: Schroder Second: Pettus-Oglesby Action: Passed

	Motion: That the Board of Health Finance Committee recommend this contract to the Board of Health.	Motion: Schroder Second: Pettus-Oglesby Action: Passed
Presentation on the Internal CCM Pilot Project	Before the start of the presentation, Mr. Brown asked if it weren't more appropriate for the City of Cincinnati Primary Care Board of Governors (CCPC) to consider this. Ms. Phyllis Richardson responded that the providers prepare the documentation and it is using CCPC patients. The Chair said that the Board of Health Finance Committee is appropriate as it is a joint committee comprised of members of the Board of Health and the CCPC, there are costs involved, and the presentation should be seen as an informational update. The Committee concurred. Ms. Richardson began her presentation by stating that Angela Robinson made this presentation before the Finance Committee in April. The goal is to identify patients, obtain consent, update information, and establish protocols on how this is to occur. Dr. Gonzales provided a dedicated staff person to assist. Billing has not yet begun. OCHIN already has staff functionality to automatically identify those with two or more chronic conditions. Training Northside staff to connect each item so everything can fall into place. Two keys for Medicare are obtaining consent and establishing a plan of care. When someone is enrolled, you're attesting that you obtained either verbal or written consent and that you gave them a plan of care. Letters were sent to eligible patients asking if they wished to enroll. Upon registration, if the patient has already been to one of the CCPC sites previously, their insurance information is on file. That and if they have two or more chronic conditions lets us know they may be eligible for the CCM program. Asked front desk to inform clinicians that the patient is a Medicare beneficiary. If patient agrees to participate can begin billing; if patient does not agree staff will reach out and ask again. Running a report, going back to January 2018 we found 3,413 potentially eligible patients for the CCM program with 665 patients having Medicare-based primary coverage that is not under Medicaid. Since Medicaid patients are already being case managed under another program, they cannot also receive those services under Medicare. Normally Medicare reimburses about $56 - $57 with the remainder as a patient co-pay. Potential Monthly Revenue: 75 patients X $67.00 per service = $5,025 (those already enrolled at Northside 665 X $67 = $44,555 – (total patients eligible).	

	The current focus is on increasing enrollment and training the staff to use the work flow required by the program. Mr. Brown asked if we rely mostly on phone calls to facilitate communications. Ms. Richardson replied that they also reached out to those who were visiting the office and having the front desk notify staff when a patient was a Medicare beneficiary. Can you bill? This starts the process and, once enrolled, Medicare can be billed for things the staff is already doing on a day-to-day basis such as making referrals or communicating with the lab. Previously, we could only bill for this if the patients were still on-site. Staff needs to document that they spent time on the phone with the patient speaking about the chronic condition. System is already set up so that after 20 minutes of activity, a bill is automatically sent. Mr. Brown stated that Phamily's use of text messaging utilized a mechanism that is frequently used more often than phone calls. Ms. Richardson stated that Medicare wants to ensure patients have 24/7 access so texting is also allowed and we are encouraging patients to sign up for My Chart to make it easier to track even though My Chart usage is lower than we would like it to be. Mr. Hopson said that frontline staff were concerned about the outcomes: it is assumed that CCM can be used to improve patient outcomes. However, if the patient isn't improving, and they are being charged a co-pay, are we pursing improved health or just new revenue? The committee discussed minimizing risk of this by using CCM as a tool to change behavior and improve health outcomes and to provide the patients with the tools they need to manage their chronic conditions at home. Mr. Robinson asked if we are billing for some of the patients. Ms. Richardson said she was not billing. Some of those bills were charged at $67. Roughly we're getting $56 - $57 with the rest being charged to patient. Unless they're dual eligible, then Medicaid gets charged for the co-pay. Mr. Robinson asked that the care plan is part of the pathway with EPIC and is it populated? Ms. Richardson said the care plan is automatically populated. As we document each field is then populated into the care plan – nothing more than what staff is already doing. Mr. Robinson asked about the revenue projection: it's monthly? Yes, you get 20 minutes per patient per month. The Chair asked of those enrolled in the pilot how many have reached the 20 minutes. They haven't, we haven't finalized that part. The Chair asked what the main difference is between the pilot here and the pilot at Braxton Cann. Ms. Richardson stated that the differences are 1) having a dedicated staff, 2) integration with My Chart. Dr. Gonzales said that the	

	main difference that other company does allow texting back and forth but is not synchronized with EMR (not integrated). Texts are captured, but need to be entered manually. While My Chart does allow integrated texting back and forth, not everyone has access to the internet or a smartphone. Ms. Richardson stated that we have Televox that's a bi-directional system, but you cannot send clinical information through it. EPIC does have a care management texting system that gives them the ability to do that. My Chart can be done through an app or through the internet where you can text, review labs, request prescription renewals, schedule appointments. We can tell the difference between data the patient entered and the data entered by the staff. Mr. Brown stated that making appointments through My Chart isn't efficient, but is efficient for communicating with the doctor, reordering medication, checking test results, and checking appointments both through the phone and computer. Mr. Hopson stated that we need to look at all options and provide a City phone so they don't need to use a personal phone. The Chair asked for recommendations. Mr. Hopson said his recommendation is to ensure CCM pilot at Northside has sufficient time to complete billing to compare revenue data with the Phamily pilot revenue. He recommended that the committee revisit the decision in a few months once this data is available. Mr. Brown said if we're using care management, our outcomes should improve as a function of that. Dr. Bhati stated that we need to have an end date – however much time we need to collect the data. Mr. Hopson said that he would develop a timeline and present it to the executive committee of CCPC and also the Finance Comm at the Aug meeting. The Chair also requested that Phamily let us know when they have the EPIC integration complete including costs. Commissioner Moore stated that she would forward to Mr. Kaukab the presentation and any non-confidential information to ensure he is kept in the loop regarding the Committee's process. The Chair asked that Mr. Hopson follow-up with the timeline. Dr. Gonzales stated that the previous projection that it would cost $15 million for the integration will be much lower since the patient group is much smaller. If we can enroll 50 percent of those eligible, we will be doing well. Mr. Robinson stated that the staff does not seem comfortable with the chronic care management concept. Ms. Richardson said staff isn't comfortable due to before, patients weren't billed unless they came into the office, now they will be billed if they're called or texted. It needs to be made very clear to the potential enrollee about these charges. Mr. Robinson said	

	he needs to work out how to apply CHD's sliding fee scale to the CCM.	
Dashboard Review	Mr. Robinson started by introducing his latest accountant Axel Nyilibakwe who has been contributing to the dashboard since his arrival on July 1. He also introduced Jon Lawniczak who will be serving as the Clerk for the Finance Committee. The dashboard provides an update through the end of May with just the community sites available. There were some difficulties with the school-based calculations. These will be updated for the next meeting. Will continue to track revenue cycle metrics, days on accounts receivable, and the number of claims from third party payors. Mr. Robinson stated that he would make sure the documents he passed out to the Committee were distributed electronically. In collaboration with Mr. Hopson and his team, we have been working with OCHIN to identify some of the issues that are driving these numbers in a direction we do not desire. EPIC sends errors or corrections that needs to apply to a claim are sent to a particular work queue. These are divided between in terms of responsibility between our internal staff and the OCHIN the billing services. As of June, 2019 we took a snapshot of the queues to see what issues were driving claims into those queues, then charged staff and OCHIN with responsibility to work claims down with a weekly report to track these metrics and others. Saw a fair amount of progress regarding what occupied most of the queues. Pushed out $350,000 in pending claims. Queue "Claim Edit Masterfile" holds those claims from providers who have not yet completed the credentialing process and, as such, cannot yet send claims to those insurers. There were many claims on hold for AWL Dental and Caresource in excess of $250,000. The credentialing has been complete and these claims are moving forward. Mr. Robinson, along with Mr. Hopson, and Ms. Richardson is creating a revenue cycle team with representatives from operations, internal fiscal, dental, pharmacy, medical giving us a venue to address a multitude of issues that create log jobs for billing. Mr. Hopson stated that our self-pay balances are growing, and there is currently no system in place to manage this. We are working with OCHIN to address these claims. This has been a long-standing problem. Worked with OCHIN in the past to resolve this, but the claims have grown again. Currently, don't have the staff to send self-pay bills out on a monthly basis. Plus, we have concerns about the difference between an inability to pay vs a refusal to pay. Currently, the only time patients are reminded is when they come in for treatment. Mr. Robinson said that the sliding fee scale is the key to making a	

	difference as all of the calculations have been done and the remainder is a fair ask. In closing, Mr. Robinson updated matrix for revenue and expenses for the community sites and we're closing a little better than we were last year. $15 million in revenue. More detail at next meetings.	
Review Action Items	Provide an update on draft policies and procedures guidance for CHD's Medicaid cost audit reports – held until August Revisit the two consultant scenarios with Clark Schaeffer Hackett at the May Finance Meeting – held until August. Report back on the internal CCM pilot project – complete. Report back on the number of days in accounts receivable trends and the percentage of claims from third party payors greater than 90 days – continual updates. Provide a copy of the revenue grant budget for 2019 – complete. Report on ways to maximize CPC revenue – held for September.	

Meeting Adjourned 5:08 p.m.
Next Meeting August 20, 2019 at 3:30 p.m. in room 324
Minutes prepared by Jon Lawniczak